<u>8</u>	Yes 🔲	ependent child	abilities of a spouse or dependent child le Committee on Ethics.	"unearned" income, transactions, or liab unless you have first consulted with the	erned" incom	er assets, "une swer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"
× _o	Yes	ot be	"excepted trusts" need no	ics and certain other in spouse, or a depen	nittee on Ethi iting you, you	d by the Comr h a trust benef	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?
S	QUESTIONS	EACH OF THESE	SWER	RMATION — AN	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	response.	each "Yes" ı	edule attached for each "Yes" response.	appropriate sch	and the	e answered	Each question in this part must be answered and the appropriate scheme
No No	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive con a single source in the the three thr	N _O	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.
<u>8</u>	ěš X	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any re with an outside entity? If yes, complete and	<u>s</u>	Yes X	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.
₹ <u>X</u>	Yes	pefore the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any of filing in the current if yes, complete and	<u>8</u>	Yes 🔀	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
			S	ANSWER EACH OF THESE QUESTIONS	OF THE	ER EACH	PRELIMINARY INFORMATION — ANSWE
	more than 30 days late.	more man				Office:	employee Employing Office:
assessed who files	O	A \$200 pen against an	Check if Amendment	Date of 06 03 2014	Date o	101	Filer Candidate for the State: T# House of Representatives District: — Status New officer or
SBS	U.S. HÖUSE ÖF REPRESENTÄTIVES (Office Use Only)	U.S. HÖÜSE ÖF		Daytime Telephone:	Daytime		Name: Anesa Kajtazovic
•	THE STATE OF THE S	7					
Page 1 of #ENTER	Page LEGISLATIVE RESOURCE CENTER 2013 SEP 12 PM 1: 26	LEGISLATIVE	FORM B dates and new employees	FORI For use by candidates		TIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, ユのユー flugusナ 31, ユの
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Mesa Kajtazovic

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income
more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income
exceeding \$1,000. See examples below.
The state of the s

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	atirement programs, and benefits r	eceived under the Social S	Security Act.
Course (include date of require for bonocarie)	Two	Amount	unt
Source (include date of receipt for nonoraria)	- ¥P4	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of Iowa	Sara	\$25,000	\$ 25,000
State of Lown	#llowar ca	3,000	13,000
Consumer Credit Counseling Service	Wases	13,286.50	
GMAC Mortgage	Wages		\$2,460.78
			•

The stocks and mutual funds The stocks are stocks are stocks and mutual funds The stocks are	
Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the report-	BLOCK D
Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the report-	Amount of Income
If an asset was sold during the report-	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest , (k) and capital gains, even if reinvested, must be disclosed as
(do not use ticker symbols). Ing year and is included only because interest, and capital cains, even	
	lis- lis- spouse or dependent child.
For rental or other real property held for investment, provide a complete address or a description, e.g., "This column is for assets solely held during the reporting period. by your spouse or dependent child." "This column is for assets solely held during the reporting period.	
For an ownership interest in a privately-held business A & C D E F G H I J K L M that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	Current Year Preceding Year
000,000*	T,000,000*
000 ,000 0,000 0,000 5,000,000 550,000,00	00 00 00 000 000 000 000 000 0
\$15,00 - \$50,0 - \$100 1 - \$25 1 - \$50 1 - \$1,0 001 - \$5 001	00 1,000 -\$2,500 -\$5,00 -\$50,0 -\$100 1-\$1,00 DC Inco 00 1,000 -\$2,500 -\$15,00 -\$15,00 -\$100 1-\$1,00 -\$100 1-\$1,00 -\$10
\$25,000 Over \$5 Spouse/ NONE DIVIDEN RENT INTERE CAPITA	None \$1 - \$20 \$201 - \$1,001 - \$2,501 \$50,001 \$15,001 \$100,00 \$1,000,0 Over \$5 Spouse None \$1 - \$20 \$201 - \$1,001 - \$5,001 \$5,001 \$50,001 \$15,001 \$50,001 \$100,00 \$1,000,00 \$1,000,00
dS Sp	×
JTT 1st Bank of Paducah, KY accounts X	×
America	X
Retirement Systems X	*
Meridian Great Union Carry	Х
Mells Farge X	×

CHEDULE V - AGREEMENTS

Name Aresa Kajtazonic

Page 4 of 5

efit plan maintained by a former employer.
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שוונ שווי ווימוויים	ent plan manuar by a roman amproyen.	
Date	Parties To	Terms of Agreement
-610 change	francis - GHAC Kertzese i Hualyst	leave of absence

CHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partinership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
xample: Doe Jones & Smith, Hometown, Homestate	Accounting services